

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Andreo Larsen  
Serial No. : 10/566,347 Examiner: Catherine Lynne Anderson  
Filed : January 26, 2006 Group Art Unit: 3761  
For : HYGIENIC MEANS

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: April 8, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

       A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

       No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	13 -	* 20 =	*** 0 X	\$26	\$52	=	0	
Indepen- -dent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time <u>      </u> Yes <u>X</u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter  
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The following are also enclosed:

\_\_\_\_\_ One additional copy of this Amendment Transmittal Letter

  X   Return Receipt Postcard

\_\_\_\_\_ An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes \_\_\_\_\_ No \_\_\_\_\_  
and a fee of \$ \_\_\_\_\_ included)

\_\_\_\_\_ A Petition for an Extension of Time, including a fee of  
\$ \_\_\_\_\_ for a Petition for \_\_\_\_ Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ **0** .

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed.

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

<u>X</u>	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

John P. White  
Reg. No. 28,678

Date \_\_\_\_\_

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